		Division of STATIS	TICAL RESEA	ARCH AND RECOR	DS, 301	W. PRESTON	STREET, BAL	TIMORE, MA	RYLAND 2	21201	
	. 1097	6		CERTIF	ICATE	OF DEATI	H)	1097	9
1.	o. COUNTY Fr	ederick		MARY	LAND		aryland	b.	COUNTY F	rederi	ck
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	Frederic	d give neorest town) k 21701		9 Hours				own 21	717	10.1	
		AL OR INSTITUTION (if n				d. STREET ADDRES	S			e Y	IS RESIDENCE ON A FARM? ES R NO
3.	NAME OF DECEASED		irst	Middle		Lost	4. DATI		Month	Doγ	Year
	(Type or print)		LYN	ETZLER	ADAM		DEAT		ugust	31,	19 67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	012	9. AGE (In year lost birthdo	Y) Month		IF UNDER 24 H Hours Mi
_	Female	White	WIDOWED	DIVORCED		4 July 1			rs.	. CITIZEN OF	WHAT
du	iring most of working		106. KI	IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (C	ounty & Store, or leasant	_	12.	COUNTRY?	WIAI
10	House-wi	fe				14. MOTHER'S MAI		, Mu.		. 5.	
13		74-1					e Whitm	ore			
10		. Etzler	114	SOCIAL SECURITY NO.	17 1	NFORMANT	e MATT CHE		Address		
()	Yes, no. or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 2:	12-03-1478		h1 A. Ad	ams (Sa			2)	
	18. CAUSE OF D PART 1. DEA	EATH (Enter only one co TH WAS CAUSED BY:	11.		lin	He	anha.	٤		INTE	RVAL BETWEEN ET AND DEATH
	32	IMMEDIATE CAUSE	E TO	- 7 W WE ! ! !	20-6-6	T T T T T T T T T T T T T T T T T T T					
	Conditions, if ony	, which gove)	(b)							- 190	
	rise to immedio		E TO		1500						
	lost.	infind coase	(c)		129						
_	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEAS	E CONDITION G	IVEN IN PART 1(0)	19.	WAS AUTOPSY PERFORMED?
100		ty pertensi	7							YE	
CERTIFICATION	20o. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	ESCRIBE HOW INJURY OF	CURRED.	(Enter noture of inju	ry in Port I or f	Port II of item 18	3.)		
MEDICAL	20c. TIME OF INJ Hour o.	URY Month, Doy, Yeor m.	While			CE OF INJURY (Home ory, street, office bldg		. (City or tow	n)	(County)	(Stote
	p.	m. 19	ot wor		fram.	8/3//6	2 19	ta 8/3	1/60 1	0 th	at (1) (we)
		ify that (‡) (this ha leceased alive an_		19 19	mant_bar	t death accurre	d at 9 759	M fram cau	ises and a	n the date	stated at
	220. SIGNATURE				and ma	1				DATE SIGNE	
		1 (Lust	7- ()	eans	I.M	D. PHYS.	MED. DIRECTOR	STAFF PHYS.		8/3	1/6
	22c. PHYSICIAN' NAME (Type		n Pearr	e, Jr., M.	D.	22d. ADDRESS 804 To		e Ave.,	Frede	rick	Md .
2	3o. BURIAL, CREMATI			23c. NAME OF CEME		CREMATORY	1 23d	LOCATION (City	or Town)	(County)	1/01
1	REMOVAL (Specif	9/4				Cemetery		ederick		2170	
-			10	ADDRESS			REC'D BY REGI	STRAR 25			
1	24. FUNERAL DIRECT		of So	ADDRESS		250.			b. REGISTRAR		_

MARYLAND STATE DEPARTMENT OF HEALTH

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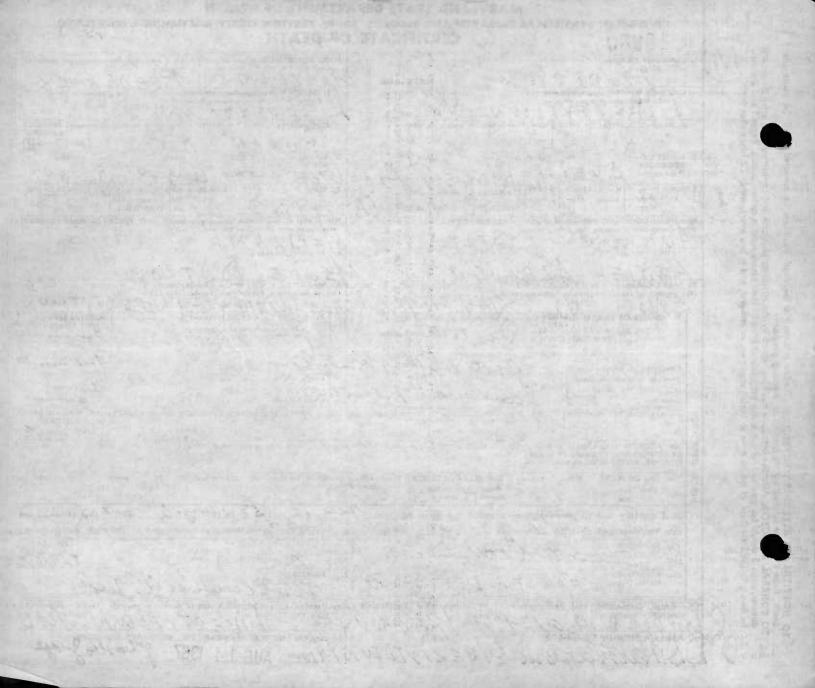
A. Austin Pearre, Jr., M. D. 104 Toll House Ave., Frederick, Md.

Nount Otiver Cemetery Frederick, Ad. 1701 Isian M. R. E. Crison V. Jon, Frederick, Md. 21701

3/11/07

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND the day b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town = hours aft d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) . IS RESIDENCE ON A FARM? YES NO DE papers. n 72 hou completely 3. NAME OF DATE First Middle Month Day Year DECEASED (Type or print) DEATH 19 6 7 5. SEX 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last bighday) Months WIDOWED DIVORCED event physician remove 10a. JUSUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? foreign country) don during most of working life, even if retired) MAIDEN NAME FATHER'S NAME please EVER IN U.S. ARMED FORCES? (Yes, no. oe unkown) (If yes give war, or dates of service) INTERVAL BETWEEN Enter only one cause per ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19-WAS AUTOPSY CERTIFICATION PERFORMED? NO P 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) Not While tactory, street, office bldg., etc.) While at work at work p.m. 9....., 1967, that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from... M, from the causes and on the date stated above and that death occurred at: saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS. PHYS. M.D. death. Page 4. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, pbe filed w 23c. NAME OF CEMETERY OR CREMATORY (State 23a. BURIAL, CREMATION, 23b REMOVAL (Specify) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY 25Ь. VR A1S

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10981 CERTIFICATE OF DEATH 10981 death The law requires that the death certificate be executed within 24 haurs after death attending physician and completely filled in by the funeral bermit. Then please remave capton gapers. Pages I and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Frederick haurs after Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give necess town)

Frederick c. CITY OR TOWN (tf outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Months Urbana please remave carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Montevue Infirmary Urbana YES NO X 3. NAME OF First Middle 4. DATE Year Lost Month Doy DECEASED OF (Type or print) ARTHUR M. ANDERSON August 2. 1967 DEATH 19 AGE (In years lost birthdoy) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE \overline{x} 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Doys Hours burial, crematian, ar remaval, and in any Male White DIVORCED ☐ May 24, 1885 WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Frederick County, Maryland Carpenter U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas A. Anderson Emma S. Bopst 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 213 16 1700 Mrs. George Mogg. Buckeystown, Maryland No INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been far use as the last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health YES NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) Hour o.m. foctory, street, office bldg., etc.) Not While 19 at work ot work 19 62 to aug and that death accurred at 10:15M. Profit causes and an the date stated above. saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING X August 3, 1967 M.D. PHYS. DIRECTOR 22c/ PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) BEMOVAL (Specify) Mount Olivet Cemetery August5,1967 Frederick, Maryland
r REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS: 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 AUG 1967 M. R. Etchison & Son, Frederick, Maryland DATE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 10082

10982

1. PLACE OF DEATH a. COUNTY_				
		CYAYE	1 6010	institution: Residence bafore admission)
Frederick	MARYLAND	. SIAIE Mary	land	HH, J
b. CITY OR TOWN (if outside corporate limit write RURAL and give naarast town)	ts, c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporata limits, write	RURAL end give naarast town)
Frederick	Since 1/18/66	Glen	Burnie - Rural	022
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
Maryland Odd Fellows		Route		YES NO K
3. NAME OF First DECEASED	Middle	Last	4. DATE Monti	Day Year
(Type or print) THOMA	S JOSEPH BAT	ILEY	00 TO 10 TO 10 A	ust 3. 1967
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White		15 June 1888	79 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working lifa, even if retira	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foraign country)	12. CITIZEN OF WHAT COUNTRY?
Retired-Carpenter	Construction	Baltimor	e. Md.	U. S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Charles F. Bailey		Mary Augus	ta Walters	
15. WAS DECEASED EVER IN U.S. ARMED FOR			Addrass	
(Yes, no, or unkown) (Ifyesgivewarordatasofs	arvice		ellows Home (S	ame as item #1)
18. CAUSE OF DEATH [Enter only one	causa par lina for (a), (b), and (c).)	1	, /	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Casal mom a "	4 7 167	laro	ONSET AND DEATH
IMMEDIATE CAUSE (a)	Con account of the	- cryps	Tora	2
DUE TO	0	0		
Conditions, if any, which (b)				
(a), steting the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	YEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Ę				YES NO X
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING COP. CONTRIBUTING CAUSE OF DEATH USE OF CONTRIBUTING CAUSE OF DEATH COP. CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Part II of itam 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Yan		CE OF INJURY (Homa, far		(County) (State)
	WhilaNot While fector	ory, street, office bldg., etc	c.)	
Hour a.m.	771110	٨		
p.m. 19	at work at work	An	IN August	1.7
21. I certify that (I) (this hospit	at work at work at all attended the deceased from	pr 2:	1967, 10 aug 3	
21. I certify that (I) (this hospit saw the deceased alixe on	at work at work	pr 2:	1967, to any 3	and on the date stated above.
21. I certify that (I) (this hospit saw the deceased alixe on	at work at work at attended the deceased from and that	death occurred at ATTENDING PHYS.	1967., to Ourg	7,, (,, (,
21. I certify that (I) (this hospit saw the deceased alixe on	at work at work at all attended the deceased from and that all all all all all all all all all a	death occurred at ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS.	and on the date stated above.
21. I certify that (I) (this hospit saw the deceased alixe on	at work at work at work at all attended the deceased from and that are all attended the deceased from and that are all attended to the deceased from and that are all attended to the deceased from and that are all attended to the deceased from and that are all attended to the deceased from and the deceased from an arrangement from a deceased from a	death occurred at ATTENDING PHYS. 22d. ADDRESS 228 N. Mar	MED. STAFF PHYS.	3 Aug 1967 SIGNED
21. I certify that (I) (this hospit saw the deceased alixe on	at work at work at work at all attended the deceased from and that are all attended the deceased from and that are all attended to the deceased from and that are all attended to the deceased from and that are all attended to the deceased from and that are all attended to the deceased from and the deceased from an arrangement from a deceased from a	death occurred at ATTENDING PHYS. 22d. ADDRESS 228 N. Mar	MED. STAFF DIRECTOR PHYS. **Ret St., Frede	3 Aug 1967 SIGNED Tick, Md. 21701 wn or county) (State)

DATE AUG

Frederick

Prederick

Maryland

Since 1/13/00

Glen Burnis - Rural

Maryland Odd Fellows Home

Route I

TREES SSERH BAILEY August 3, 15 June 1838 Male White Baitimore, Md. Retired-Carpenter Construction U. S. Charles F. Bailey Mary Augusta walters 212-91-5363 Maryiand Odd Pellons Home (same as item #1)

2:45A

x 3 Aug 1957

LeRoy 1. Davis, M. D. 228 1. Market 5t., Frederick, Md. 21701

8/3/67

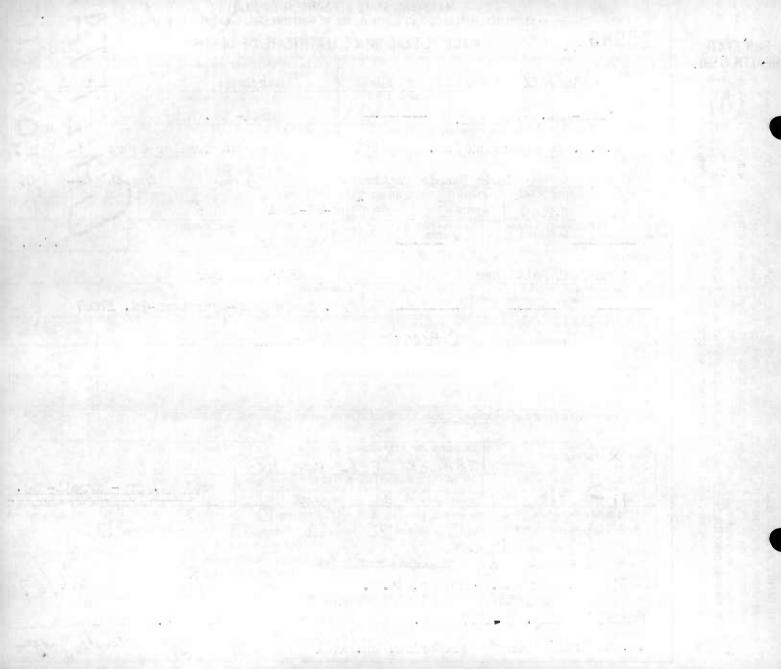
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M. R. Etchison & Son, Frederick, Md. 21701

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10983 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR' STATE 10983 HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Carroll FREDERICK Carroll MARYLAND delay b. CITY DR TDWN (If autside carparate limits. CLENGTH DE STAY IN 16 c. CITY OR TDWN (If autside corparate limits, write RURAL and give nearest town) write RIRAL and give negrest fown)

ANAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) puo Rural - Mt. Airy d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Poges 1, Office along with farm D.O.A. at Frederick Mem. Hospital Pheasant Trailer Court Stote YES NO IX hours ofter deoth. 3. NAME OF 4. DATE Doy Lost Year DECEASED Robin Bonnie Balthaser August 67 _ (Type or print) DEATH with. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED lost birthdoy) Months Days Hours 8-22-1961 WIDDWED DIVORCED event Female White 11. BIRTHPLACE (Stote or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. dny Ethiopia pages in any 14 MOTHER'S MAIDEN NAME pencil 13 FATHER'S NAME within Glenn Paul Balthaser Dorothy Deimler File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address executed (Yes, no, or unknown) (If yes give wor or dotes of service or removal. Mrs. Irvin Ream-Myerstown-Pa. 17067 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate should writing the ward cremotian, DHE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse 0 0.5 used os burial, a WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO X please execute the certificate, pe agent, prior to 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Not While foctory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X ond in my opinion death resulted fram: Accident X. Natural causes Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 moy be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Thomas, M.D. Robert NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF REMOYAL (Specify) Aug. 10-1967 Mt. Aetna Cemetery Berke Co. Pennsylvania 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Milarles M.R. Etchison & Son 1967 VR A15ME (5) Frederick, Md.21 DATE AUG 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10984 CERTIFICATE OF DEATH death. 1. PLACE DF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY hours after ve carbon papers. Pages l event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (M outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES ENO executed within completely 3. NAME DE First Middle Last DATEATIC **UST** Month Day Year DECEASED (Type or print) DEATH 19 SEX 6. COLOR OR RACE AGE (In years | IFUNDER | last birthday) | Months | I FUNDER 1 YEAR IF UNDER 24 HRS OATE OF BIRTH emove 7. MARRIED A NEVER MARRIED Days Hours any and 3 WIDOWED DIVORCED Yrs. = 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY physician a 11/ BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be COUNTRY? and FATHER'S NAME MOTHER'S MAIDEN NAME attending phermit. Then removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 death cremation, the CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the ONSET AND DEATH ial-transi PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. been signed burial-tr DUE TO Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY Health 1 PERFORMED? The certificate NO T YES 50 PHYSICIAN: this cerum detached for 20a, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. of 20e. PLACE OF INJURY (Home, farm, 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work Not While After ATTENDING at work p.m. 19 pinou 3 should with the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at #45 Marom the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be f NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25a. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

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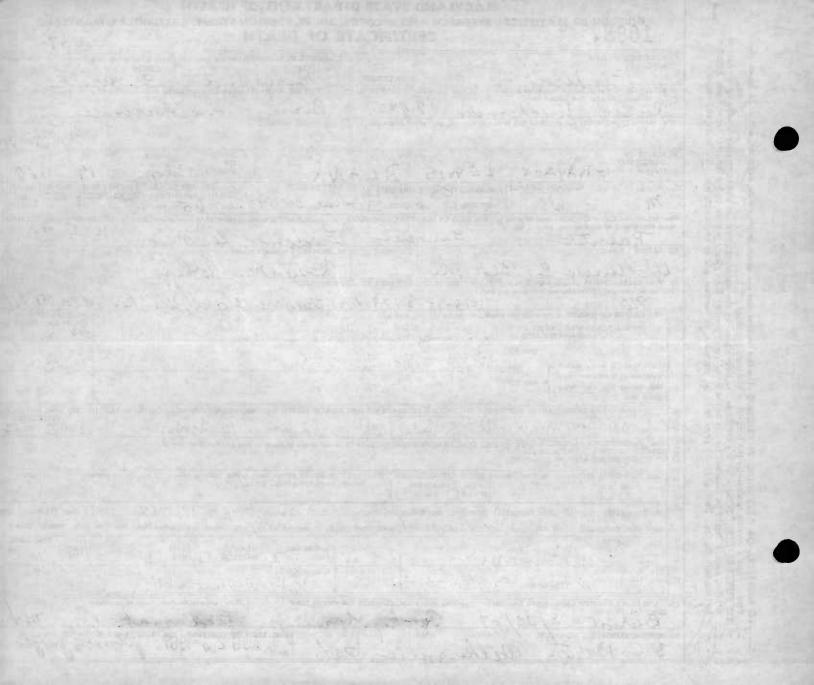
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10986 0086 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death pup in by the funeral ers. Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick Frederick MARYLAND Marvland CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Frederick Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Frederick Memorial Hospital 551 E. Church St. NOV Middle 4. DATE 3. NAME OF First Month Day Year the attending physician and campletely sit permit. Then please remove carbor DECEASED Helen Virginia August 67 Biser 19 (Type or print DEATH 7. MARRIED YX 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED last birthday) Manths Days Haurs White WIDOWED DIVORCED Female June 7- 1915 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRY? INDUSTRY Homemaker Frederick Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Easterday Carrie Whipp 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service) Floyd L. Biser- Same as 2d CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN (a), (b) and (c). burial-transit cremat **GNSET AND DEATH** IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO K for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Nat While at wark pe 21. I certify that (1) (this haspital) attended the deceased fram 100, and that death accurred at 1030, fram causes and an the date stated above. 22b. DATE SIGNED 22a. STAFF **ATTENDING** M.D. PHYS DIRECTOR PHYS. 1-1967 22d. ADDRESS NAME (Type) 812 Toll House Ave.-Frederick, Md. Robert J. Thomas director, pluads 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Feagaville- Md.
25a. REC'D BY REGISTRAR
25b. REGISTRAR Lutheran Cemetery Burial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 M. R. Etchison & Son Frederick, Md. 21701 DATEAUG 20 M 1/66;

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10987 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before edmission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits. writa RURAL and give neerest town) executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? completely YES NO 3. NAME OF First Middle Lest 4. DATE Month Dey Year DECEASED OF wkhin (Type or print) LEWIS DEATH 196 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS and 9. AGE (In years | IF UNDER 1 YEAR lest birthday) event, Months certificate WIDOWED [DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) any ain please 2 13. FATHER'S NAME affending Then the loval, IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or detes of service) requires that physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: has been signed 10 min cremation, IMMEDIATE CAUSE (a) burial-transit **DUE TO** affending Conditions, if any, which gave rise to immediate cause burial, DUE TO (a), stating the underlying After this certificate ha ò ceuse lest. the hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? prior detached for use NO L 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Pert II of itam 18.) 200. ACCIDENT WAS UNDERLYING of Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., atc.) While Not While Hour a.m. DIRECTOR: State Dept. et work et work 19 p.m. pe 21. I certify that (I) (this hospital) attended the deceased from august ..., 1960 to 19 Aug., 19-7, that (1) (we) last pluods august 19.6.7, and that death occurred at 7.4 M, from the causes and on the date stated above. saw the deceased alive on... may DATE 22e. SIGNATURE 22Ь. ATTENDING MED SIGNED HOSPITAL FUNERAL page PHYS. DIRECTOR PHYS. M.D. with 22c. PHYSICIAN'S 22d. ADDRESS TO FUNE director, p NAME (Type) STONER 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stete) Q L REMOVAL (Specify) So. REC'D BY AUG 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REGISTRAR'S SIGNATURE Charles VR A15 (4) 20M S-63

RYLAND STATE DEPARTMENT OF HEALTH



Fredicick

Male white

George Martin Brandenburg

Maryland

Frederick

Frederick 3 Yrs.

Retired-Signal Dept. Railroad

Prederick Nursing Center

Frederick

2 East Fourth Street

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Middletown, Md.

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705-10-3358 Mrs. Relena Hamilton, Frederick, Md. 21701

A. Austin Pearre, Jr., M. D. 804 Toll House Ave., Frederice, Md.21701

7 Mount Olivet Ceretery Frederick, Md. 21 01

M. R. Etchison & Son, Frederick, Md. 21701

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Frederick C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Frederick Ξ vears Frederick bon papers. within 72 ho d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 88 Carver Apartments 88 Carver Apts ND within completely carbon 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED event, 1 (Type or prigNNIE or ANNA Elizabeth DEATH Brown August 19 67 9 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. in any eve 8. DATE OF BIRTH and WIDOWED DIVORCED [10-7-1901 65 Female Negro WIDOWED DIVORCED yrs. physician an please To 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? 34-34-36-36 Frederick Co.Md U.S.A. Housewife

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physimit. Then I removal Charles Weedon Daisy Russell s been signed by une steep the burial transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) 46-46-36-36-36-36-36-36-36 Charles Navlor 4, Frederick Md Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), The law requires that the ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. -24 Rose DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the prior underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use detached for use e Dept. of Health certificate PERFORMED? the hospital or YES [ND 20a. ACCIDENT WAS UNDERLYING DOB.

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(IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While at work at work P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should liled with the P.M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a, SIGNATURE De pe director, page 3 should be filed v MED. Page 4 may PHYSICIAN'S FUNERAL 22d. ADDRESS NAME (Type) Rex R. Martin Market Street Fred. Md 23b. DATE THEREOF 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (State) 2 REMOVAL (Specify) 8-12-1967 St.Pauls Church Frederick Co. Md Burial AUG 1 4 1987 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS C.E. Hicks. 111 Frederick. Maryland VR A15 (4) DATE 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10990 10000 death. The law requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Montgomery a. COUNTY o. STATE Maryland papers. Pages 1 hin 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparote limits, write RURAL and give neorest town) Frederick 7 days Mt. Airv e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS and campletely filled in Frederick Mem. Hospital YES NO Brown's Church Rd event, with Middle 4. DATE 3. NAME OF Last Day Year DECEASED (Type or print) 1967 DEATH AGE (In years last birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE NEVER MARRIED Manths Haurs April 12,1896 attending physician una White WIDOWED DIVORCED Male or remaval, and in an 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Well driller 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY USA Clagettsville, Md. 13. FATHER'S NAME Owen C. Brown Sallie K. Philips 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dotes af service)
Yes W.W. # 1 214-16-0564 Mrs Rena L. Brown Item 2 burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as the burial-transit SMALL ANGRENE IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO ESEKTERIC THROMBOSIS Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse as the last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 3 shauld be detached far use with the State Dept. of Health YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (1) (this hospital) attended the deceased fram 8 - 14, 1967, to May 20, 1967, that (1) (we) lost sow the deceased olive on 20, 1967, and that death occurred at 3 2 M, fram causes and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** X M.D. PHYS. DIRECTOR PHYS. director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) SECOND. REDERICK, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION, REMOVAL (Specify)
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te shauld be executed within 24 hours after dea the ward "pending" in pencil in Item 18. Give Pa 1 to the Chief Medical Examiner's Office alang with a burial-transit permit. File pages 1 and 2 with the Si in any event within 72 hours after death.		SEX 6. C	OLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In yea	rs I IF UND	ER I YEAR	IF UNDER 24 HRS Hours Min.
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10992 10992 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Frederick physicion and completely filted in by the time o. COUNTY o. STATE Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) carbon popers. Pagent, within 72 hours vears Rural-Mt. Air Rura. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Route Route YES NO X 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED CHARLES 27 196 (Type or print DEATH S. SEX 6. COLOR OR RACE IF UNDER IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH remove birthdoy) Months Doys Hours Male White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Retired Farmer COUNTRY? **INDUSTRY** Carroll Co., Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending phys Thomas Buckman Nancy Boone 16. SOCIAL SECURITY NO. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Md. (Yes, no, or unknown) (If yes give war or dates of service) Mr. Ralph Buckman. cremotion, 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH cute Coronary Thrombais IMMEDIATE CAUSE (o) signed by ottending physicion. DUE TO rteriosclerotic Cardiovascular Disease Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse os the TO FUNERAL DIRECTOR: After this certificate has been 0 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 🖂 FO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 moy be retained by the hospital or for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased from_ , 19.58, ta_ 1967, that (1) (we) last should 1967, and that death occurred at 45 pM, from causes and an the date stated above saw the deceased alive an July 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS director, poge 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MOUN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION REMOVAL (Specify) Frederick Prospect Cemetery Co. 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURI 2Sb. 24. FUNERAL DIRECTOR Milianes Waltz Box 241 Sykesville, Md. VR A15 (4) 20 M 1/66 5

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10993 10993 CERTIFICATE OF DEATH within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY Frederick MARYLAND Frederick b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) icate has been signed by the attending physician and campletely filled in by the far use as the burial-transit permit. Then please remove-carban papers. Page: Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours af write RURAL and give nearest town) 3 days Frederick Rural- Jefferson e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Frederick Memorial Hospital YES X NO 3. NAME OF Middle DATE Month Dov Lost DECEASED OF Clayton James Burgee DEATH August Type or print executed Gmb 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR SEX 7. MARRIED 6. COLOR OR RACE **NEVER MARRIED** lost birthdov) Months Doys Hours Male White WIDOWED DIVORCED Nov. 11- 1921 COUNTRY?
U.S.A. 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) The law requires that the death certificate be during most of working life, even if retired) INDUSTRY Farming Frederick Co. Md. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Clayton H. Burgee- deceased Pearl Burns -living attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Annabelle Wright Burgee-Jefferson, Md. 214- 16-0269 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET_AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TY 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work 21. I certify that (I) (this haspital) attended the deceased fram 5 -2 -7 -2-30-, 1967, that (1) (we) last , 1965 , ta directar, page 3 shauld shauld be filed with the 7, and that death accurred a5.05a M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** 50 PHYS. Aug. 31-1967 DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Rex. R. Martin 220 N. Market St. - Frederick, Md. 2170 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Jefferson- Md. 21755
GISTRAR 25b. REGISTRAR'S SIGNATURE Buria] 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Meliantes VR A15 (4) 20 M 1/66 M.R.Etchison & Son Frederick, Md. 21701 1967 DATE SEP

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A. R. Machison & Son - Frederick, Ed. 21701 ground to the

24. FUNERAL DIRECTOR

C.M.Waltz, Box 241, Sykesville, Md.

VR A15 (4)

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2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10995 10995 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE and 3sta Page Frederick MARYLAND Maryland Frederick delay State Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Years Brunswick Brunswick IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS with form 201 West Potomac Avenue 201 West Potomac Avenue NO Z This certificate should be executed within 24 hours after death. I icate, writing the word "pending" in pencil in Item 18. Give Pages YES 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED OF THOMAS H. CARTER 67 AUGUST (Type or print) DEATH 19 Office along S. SEX IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED Jast birthdoy) Months Doys Hours 86 Male WIDOWED DIVORCED Jan. 21. 1881 White 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? within 72 haurs after Railroad Mentgemery County, Md. e, writing the word "pending" in pencil in forwarded to the Chief Medical Examiner's permit. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Carter Virginia Carter 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) "pending" Mrs. William Bruchey, Frederick, Maryland No Unknown CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH event IMMEDIATE CAUSE (o) please execute the certificate, writing the word DUE TO any Conditions, if ony, which gove rise to immediate couse (o), = DUE TO stoting the underlying couse and OS WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) remayal, PERFORMED? CERTIFICATION NO pe 4 shauld be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should 6 PRIMARY CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH cremation, MEDICAL 20e. PLACE OF INJURY (Hame, farm, (City ar town) 20d. INJURY OCCURRED (County) (State) 20c. TIME OF INJURY Month, Doy, Year yaur Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian may be retained far FUNERAL DIRECTOR: death resulted from: Accident Suicide Hamicide Undetermined manner the funeral directar. CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER necessary, **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) Robert J. Thomas, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION DATE THEREOF (County) (Stote) 50 BUT 1 al (Specify) Monocacy Cemetery Beallsville, Maryland ADDRESS Tadeley 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Ocharles 1967 M. R. Etchison & Son, Frederick, Maryland MUG 6M 1/67

ABOUT ALL DESCRIPTION John 1981 198 Hel a la villa de la companya de la comp charles and control of the control o Three by the same of the same Medical Resolution To be to be with a . S. M. S. P. S. M. Crawdon Market A. S. Commission Co. S. Carley C. School Soft and

MARYLAND STATE DEPARTMENT OF HEALTH

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death, Page be retained by the hospital or attending physician.

OFUNERAL CTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 smould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 772 hours after death. hin 24 hours after ATTENDING PHYSICIAN: The law requires that the death certificate be execute TO HOSPITAL

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death, Page TO FUNERAL VR A1S (4 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10997 CERTIFICATE OF DEATH

. PLACE OF DEATH 2. USUAL RESIDI		
- COLINITY		stitution: Residence before edmission)
Frederick Maryland 6. STATE Mar	yland b. count	Frederick
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOW	N (If outside corporate limits, write I	
write RURAL and give nearest town)		10-1
Rural - Mt. Airy d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRE	ral- Mt. Airy	e. IS RESIDENCE
C. STALL ADDR.		ON A FARM?
	F.D. # 3	YES X NO
NAME OF First Middle Last DECEASED	4. DATE Month	Day Yeer
(Type or print) Murray Otis Day	DEATH A UO	17 1967
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In year)	FUNDER 1 YEAR IF UNDER 24 HRS.
- 200570	ROR TRys.	Months Days Hours Min.
Tidle milite	County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	ounty & Stere, or foreign country)	12. CHIZEN OF WHAT COONIRT
Farmer Own farm Brownin	gsville, Md.	USA
3. FATHER'S NAME	DEN NAME	
Luther Day Annie	E. Lewis	
5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	
Yes, no, or unkown) (Ifyes give wer or dates of service)	M D 7	T+ am 2
	M. Day,	Item 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	, -	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) A cute Coronary Thro	mbosis	about 15 mi
4201 DUE TO .		4,
Conditions, if any, which > (b) Autonioscherdic + Huper	densine	more than
gave rise to immediate cause	4.84	640215
(e), stating the underlying DUE TO Cavalovas Cular Di.S	rase	9.2.3
(6)	AUDITION CIVE	ALIM BART WALLS ALITORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVE	PERFORMED?
		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	in Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home,	farm, (20f. (City or town)	(County) (State)
Hour e.m. While Not While factory, street, office bldg.,	etc.)	
	1	1
21. I certify that (I) (this hospital) attended the deceased from	1900 to 1000	, 196., that (I) (we) last
saw the deceased alive on July 10196, and that death occurred a		nd on the date stated above
22e, SIGNATURE		22b, DATE
M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	17 IGNED
22c. PHYSICIAN'S 22d. ADDRESS		une 111
NAME (Type) WB Cy/well M	t Hivy mad	8
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town	n or county) (State)
REMOVAL (Specify)	5.01	3.6.3
REMOVAL (Specify)	Mt. Airy	Md.
REMOVAL (Specify) Burial Aug. 19,1967 Pine Grove 4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a.	REC'D BY REGISTRAR 25b. REGISTRAR AUG 2 1 1967	STRAR'S SIGNATURE

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	PIMORE 1 MARVIAND
	10008 CERTIFICATE OF DEATH	10998
1.	PLACE OF DEATH a. COUNTY. b. C. s. STATE.	d, If institution: Rasidence before admiss
-	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN If outside corporate limits.	Trederick
	write RURAL and give nearest town) 5 mo. Walkern ill.	1-0-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDE ON A FAI
3.	Monocacy Mussing Home Julton we.	YES NO
	(Type or print) HILDA DEVILBISS OF DEATH QUE	gust 18 1967
S.	Y last birthd	
C	De. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or toreign cou	ntry) 12. CITIZEN OF WHAT COUN
	Teacher HiGH School Frederick Co. 7	nd. U.S.A.
13	A + S A OD ' 14. MOTHER'S MAIDEN NAME	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY (es, no, or unknwn) (Ifyasgive waror dates of service)	dress 744
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	s arizona are Ba
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Beaute programmed infantion	ONSET AND DEAT
	DUE TO DUE TO	many
	Conditions, if any, which gave rise to immediate couse (b) Urtersochwolic course wosselve deserved	· you
	(a), stating the undarlying DUE TO cause last. (c)	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORME
TIFICA	20a. ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18	YES NO
L CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour e.m. Not While Not While at work at work	(County) (Stat
×		/.S, 1967., that (I) (we
	saw the deceased alive on	es and on the date stated ab
	228. SIGNATURE LIVER ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. D
	22c. PHYSICIAN'S NAME (Typa) EAN EST A. DETTBARN 22d. ADDRESS Name (Typa) EAN EST A. DETTBARN Nalleuwille	2. 1 8/18/1
22	In. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City	y, town or county) (Stata)
23	REMOVAL (Specify) 8/21/67 Flo de Cemetery Walkery	wille me
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
_	y. C. Barton Walkersville, Md. DATEAUG 23 1991	<u>U</u>

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10993 18999 CERTIFICATE OF DEATH attending physician and compress, papers. Pages 1 une permit. Then please remove carban papers. Pages 1 une permit. Then please remove event within 72 haurs after death. The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a STATE Frederick Frederick
b. CITY DR TDWN (If autside corporate limits, MARYLAND Maryland c. LENGTH DF STAY IN 16 c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) H'rederick 16 days
d. NAME DF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Frederick Urhana d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Rt 2 NO X Frederick Memorial Hosp 3 NAME OF Middle Last 4. DATE Manth Day Year DECEASED Diggs Michael DEATH 67 (Type ar print) August James AGE (In year IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Manths Days Haurs WIDOWED DIVORCED Negra 8-12-1892 Male 10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT INDUSTRY COUNTRY? Frederick Co, Md
14. MOTHER'S MAIDEN NAME Dairyman

13. FATHER'S NAME عوعود عود عود عود عود عود عود II.S. burial, crematian, ar remaval Owen Diggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Ruth Ross 16. SOCIAL SECURITY NO. 17. INFORMANT Address burial-transit permit. (Yes, na, ar unknown) (If yes give war ar dates of service) ***** 217-10-9976 Julia V. Ambush Rt 2 Frederick Md NTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH signed by 1 IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUF TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES T NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) should be detache with the State Dept. (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year Nat While factory, street, affice bldg., etc.) 19 at wark . 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from. , 19<u>5</u> 7, to. saw the deceased alive an_8-12 19 6 7, and that death occurred at_ M, from causes and an the date stoted above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR 8-18-67 M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Rex R. Martin 220 N. Market St Fred. Md director, I 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, Burial (Specify) Bartons ville ADDRESS 8-21-67 Bartonsville Fred. Md REGISTRAR 25b. REGISTRAR'S SIGNATURE 9 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ME 6 2 2 Frederick, Maryland Villaries Judge C.E. Hicks, 111 20 M

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY 24 hours b. COUNTY Frederick Md. MARYLAND Frederick b. CITY OR TOWN (if outside corporate limits. B c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town? 2 Frederick Frederick within Unionville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Home for the Aged 115 Record St. 115 Record Sietely YES NOT carbon papers. 3. NAME OF Middle DATE Month Day Year DECEASED OF within (Type or print) Ecker DEATH AUG. 67 19 S. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) Months event, Female WIDOWED [DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Unionville. Md. U.S.A. please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pue William Ecker Agusta Barnes Then oval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) đ Home for the Aged 115 Record St. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c). INTERVAL BETWEEN ONSET AND DEATH signed PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit attending peen Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PHYSICIAN: couse last. P After this certificate the hospital as 0 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? prior use NO X for 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Health OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | Month, Day, Year 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) jo factory, street, office bldg., etc.) Not While Hour a.m. DIRECTOR: Dept. at work at work p.m pe 21. I certify that (I) (this hospital) attended the deceased from.... 19.2., that (I) (we) last should State saw the deceased alive on. OR may 22a SIGNATURE 22b. DATE ATTENDING MED STAFF SIGNED HOSPITAL FUNERAL page PHYS. DIRECTOR PHYS. M.D. Page 22c. PHYSICIAN'S 22d. ADDRESS ector, filed v NAME (Type) H. Conley. Jr. M.D. Profesi. Bldg. Frederick. Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) O.F.B REMOVAL (Specify) 8-14-1967 Mt. Olivet Cem. Frederick. Md. Burie 250. REC'D BY REGISTRAR 255 ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Frederick, Md. Salamene Funeral Eome VR A15 (4)

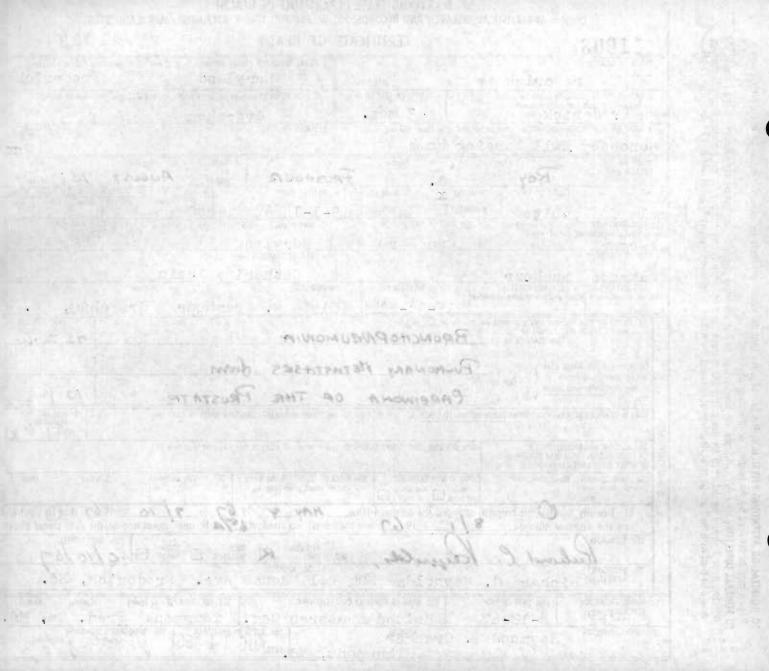
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11002 CERTIFICATE OF DEATH within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o. STATE Frederick Frederick MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) gad-completely filled in by Frederick Davs Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? papers. hin 72 | 215 W. Fifth Street Frederick Memorial Hospital YES NO TO remove carban 3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED FANNIE August M. FOGLE (Type or print) 19 67 DEATH S SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Hours X White Female WIDOWED DIVORCED August 15, 1895 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)
Housewife COUNTRY? MDUSTRY and requires that the death certificate Frederick County, Maryland II.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remaval, Jacob Crummitt Sallie M. Tobery 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 307 Addressam Road. (Yes, na, or unknawn) ((If yes give war or dates af service) 4084 Mrs/Lillian Blackburn, Frederick, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per light) for (a) (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUF TO TO FUNERAL DIRECTOR: After this certificate has been signed director, page 3 shauld be detached far use as the burial-I shauld be filed with the State Dept. af Health priar ta burial, Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS)
PERFORMED? NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year (County) factory, street, affice blda., etc.) Hour a.m. Nat While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram , 1967, that (1) (we) last 1967 19 67, and that death accurred at 5:45 M. from causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** X August 3,1967 DIRECTOR M.D. PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) 228 N. Market Street, Frederick, Md. James B. Thomas, M. D. 230. BUR/AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) August 7,1967 Mount Olivet Cemetery Frederick, Maryland M. ADDRESS falledes 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) M. R. Etchison & Son, Frederick, Maryland AUG 20 M 1/66

AND CAMERIAN AND ASSESSMENT OF THE REPORT OF THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY. The first party of the state of STORY IN PLUM LAND IN and the state of t The state of the s MIDS TO WORK FROM HE HAD MALLINGE LINE OF A SECOND

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11003 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death physician and completely filled in by the funeral en please remove tarban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write_RURAL and give nearest town) mos. Graceham d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM Monocacy Hall Nursing Home NO 3. NAME OF Middle First Last 4. DATE Month Day Year DECEASED AUGUST + RUSHOUR Type or print) 10 DEATH 19 SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR 7. MARRIED NEVER MARRIED n any eve last birthday) Months Dovs Hours WIDOWED DIVORCED 9-1-1886 white male IDa, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland Own armer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remava Catherine Main Frushour Ul vsses 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) ((If yes give war ar dates of service JD 215-36-7119 Elsie R. Frushour Graceham, Md. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH BRUNCHOPNBUMONIA IMMEDIATE CAUSE (a) heren signed by be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave METHSTASES PULMON ARY rise to immediate cause (a). DUF TO stating the underlying cause the TO FUNERAL DIRECTOR: After this certificate has been 10 VUS CARCINOMA RUSTATE last. g PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use Health NO V YES | 2Dg. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH shauld be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. 2Dd. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 2De. PLACE OF INJURY (Home, form, (City ar tawn) (County) (Stote) Haur o.m. Not While factory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this hospital) attended the deceased from MAY . 19 67, to _, 1967, that (N) (we) last 19 60, and that death accurred at 65/AM, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED. M.D. PHYS. DIRECTOR PHYS directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S 804 NAME (Type) Richard House Ave. Frederick. Reynolds 611 23c. NAME OF CEMETERY OR CREMATORY. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial 8-12-67 United Brethren Cem . Thurmont Fred. Co. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE aymond VR A15 (4) 20 M 1/66 Thurmont.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11004 CERTIFICATE OF DEATH PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY Frederick MARYIAND Frederick b. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 16 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Emmitsburg, Maryland Emmitsburg 40 ya
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) yrs e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 809 W. Main Street 809 W. Main Street YES NO IK 3. NAME OF First Middle 4. DATE Month Last Day Year DECEASED William Eugene Hardman August 16. 1967 DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Jast birthday) Manths Days remov Male White WIDOWED DIVORCED Feb. 19, 1921 and in ony 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY Emmitsburg, Maryland Carpenter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol, Murray S. Hardman Alma Sites 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 809 W. Main Street (Yes, na, ar unknawn) (If yes give wor ar dates af service) 215-14-1219 Emmitsburg, Md. Mrs. William E. Hardman. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital or attending physicion. Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO X FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) Nat While factory, street, affice bldg., etc.) Hour a.m. at wark 1850, ta lee 16, 196/, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ saw the deceased alive an lile 1 1967, and that death accurred at 930 M, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING MED. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. W. R. Cadle Emmitsburg, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify)
Burial Aug. 19, 1967 Mt. View Cemetery Emmitsburg, Frederick Co.Md. 0 25a. REC'D BY REGISTRAR 1967 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Emmitsburg, Md DAIL Clarence E. Wilson

THE COUNTY OF THE COUNTY OF THE PROPERTY OF TH Maria Carlotte Committee C COLUMN TO THE PROPERTY OF THE PERSON OF THE Medical Committee

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and campletely filled in by the functor remove carbon papers. Pages I and 2 in any event, within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY Maryland Frederick Frederick MARYLAND filled in by the reb. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)

Frederick c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) within 24 haurs 19 Yrs. Prederick d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital 490 West South Street YES NO K 3. NAME OF Middle First 4. DATE Last Manth Year DECEASED **EMLYN** HARRIS August 25. (Type or print) 19 67 DEATH requires that the death certificate be executed AGE (In years last birthday) S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED Manths Haurs White 21 Nov 1895 Male WIDOWED XX and in ony DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steel Worker 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Steel Mill Wales 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal, Henry Harris Marie (last name unknown) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknown) (If yes give war or dates of service) 232-05-5934 Kenneth R. Harris (Same as item #2) Yes 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I, DEATH WAS CAUSED BY ONSET AND DEATH PNEUMONIA IMMEDIATE CAUSE (a). DUE TO burial. EMPHYSEMA Conditions, if any, which gove rise ta immediate cause (a), DUF TO stoting the underlying cause **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta CHRONIC BRONCHIAL ASTITUDA ATTENDING PHYSICIAN: The law last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ARTERIUSCLEROTIC 1 XID HYPERTENSIVE INGART DISGASE YES [NO K be retained by the haspital ar 20o. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur o.m. While Not While factory, street, affice bldg., etc.) ot wark at wark 21. I certify that (I) (this haspital) attended the deceased fram august _, 19.67, that (i) (van) last 19.65 ta Que 25 saw the deceased alive an Own 21 1967, and that death accurred at 400 M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING neador STAFF PHYS. 25 Aug 1967 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S G. F. Meadors, M. D. NAME (Type) 810 Toll House Ave., Frederick, Md. 2170 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) BREMOVAL (Specify) 8/28/67 21701 Frederick, Md. Mount Olivet Cemetery 24. FUNERAL DIRECTOR ADDRESS 25a. RECID BY REGISTRAR 967 25b. REGISTRAR'S SIGNATUR VR A15 (4) M. R. Etchison & Son, Frederack, Md. 21701

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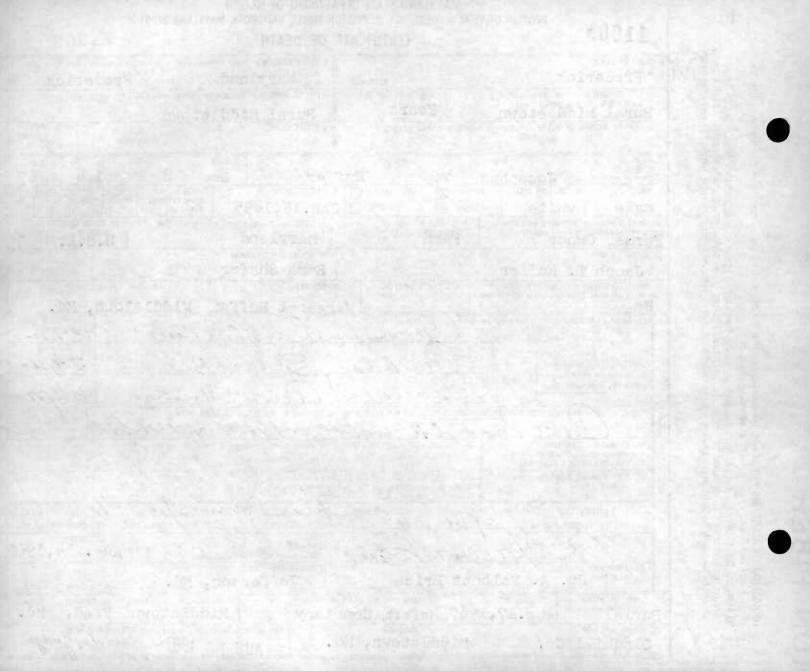
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE ses 1 after b. COUNTY by the MARYLAND Pages CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours 24 hours filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d! STREET ADDRESS e. IS RESIDENCE ON A FARM? YES ND X executed within completely NAME OF 3. Middle Last DATE Year Month Day DECEASED DF DEATH MARGARE (Type or print) HAUGH 6 19 46please remove cal, and in any ever DATE OF BIRTH 7. MARRIED 8. 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS **NEVER MARRIED** last birthday) attending physician and rmit. Then please remo Months Hours WIDDWED X DIVORCED 16a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) CITIZEN DF WHAT PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. during most of working life, even If retired) COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAME removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) been signed by the attend the burial-transit permit. or to burial, cramation, or r 16. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: STAPHYLO LOCCHIL IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate After this certificate has been of be detached for use as the e State Dept, of Health prior to DUE TD (a), stating underlying cause last, (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? HATEDIOSCLEROSIS GENERALIZED YES NO P PERTENSION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) DR CONTRIBUTING | CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (CIty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by OR ATTENDING at work at work D FUNERAL DIRECTOR: Af director, page 3 should I should be filed with the S 1960 to HUGUST 21. I certify that (1) this hospital) attended the deceased from and that death occurred at 232 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED director, page should be filed ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. **ADDRESS** NAME (Type) BURIAL, CREMATION, 23b. DATE THERED 23c. NAME **ERY OR CREMATORY** 23d. LDCATION (City, town or county) (State) 9 REMDVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR LAR'S SIGNATURE 6 AUG VR AIS 20M

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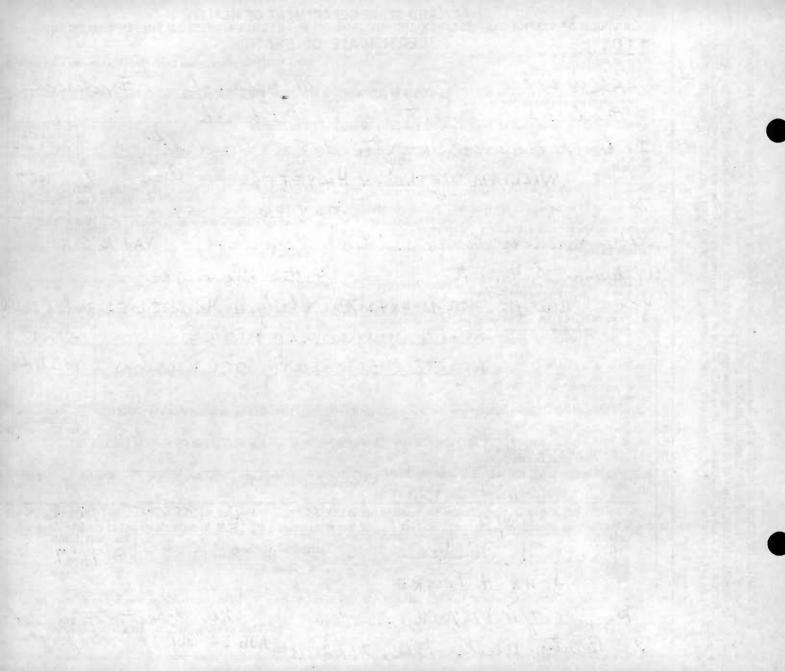
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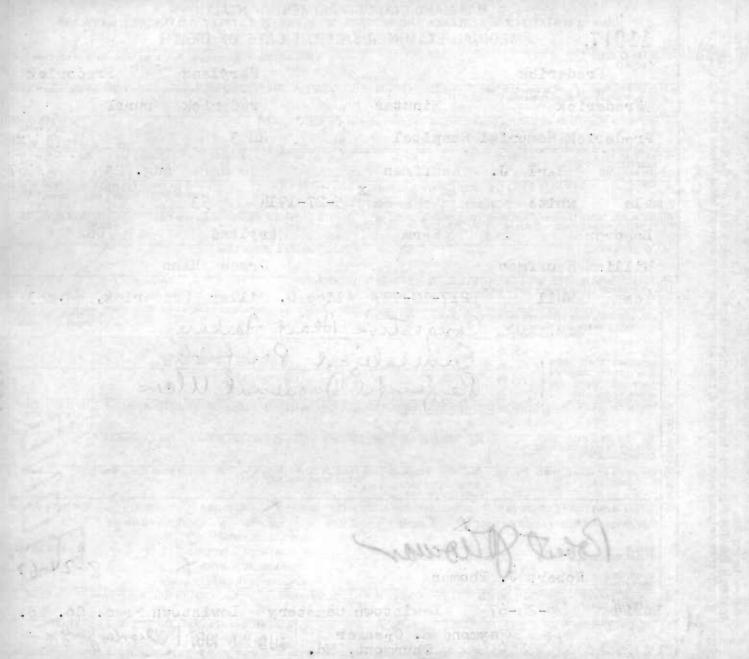
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11003 11009 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death. funeral 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STAMaryland b. COUNTEREDERICK " Frederick ompletely filled in by the fun ve carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest town)
ural Middletown Years Rural Rural Middletown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T NAME OF remove carbon Lost 4. DATE Month Dov Year and completely DECEASED 8 Huffer 1967 Josephus (Type ar print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS birthdoy) Months Hours male white Jan. 15, 1895 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Farmer Owner physicion a COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotian, or removol, attending phy: permit. Then I Jacob T. Huffer Emma Shafer 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates af service 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. No Margaret Huffer Middletown. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUF TO Canditians, if any, which gave rise to immediate couse (a), DUF TO stating the underlying cause os the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO certificate YES ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Nat While TO FUNERAL DIRECTOR: After at work 21. I certify that (1) (this haspital) attended the deceased fram 1969, that (I) (we) last 1960 6sto director, page 3 should should be filed with the 1907, and that death accurred at saw the deceased alive an-M, from causes and an the date stated above. 22b. DATE SIGNED 14,1967 22a, SIGNATUR DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)Dr . Talbott Brice Jefferson, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) (Stote) BUREMOVAL (Specify) Aug. 17, 1967 Md. Middletown Reform Cemetery Fred. 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Middletown, Md. Marley Gladhill Co. DATE All



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
नं चलन	11010 CERTIFICATE OF DEATH
The law requires that the death certificate be executed within 24 hours after death or attending physician. Cate has been signed by the attending physician and completely filled in by the funeral r use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 eaith prior to burial, cremation, or removal, and in any event, within 72 hours after death	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY
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quire ng ph sen s e bu to bu	Conditions, If any, which gave rise to immediate cause (a) stating the DUE TO
w requests been as the rior to	underlying cause last. (C)
PHYSICIAN: The law requires that the hospital or attending physician this certificate has been signed the detached for use as the burial-trans Dept. of Health prior to burial, cre	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
tal o tifica for Hea	YES NO VER 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
hospi cer ched ched	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.
ATTENDING retained by CTOR: After Should be with the Stafe	21. I certify that (I) (this hospital) attended the deceased from WARCH, 1963, to PRESENT, 198967that (II) (we) last
etained etained TOR: A should ith the S	saw the deceased alive on 8/8 1967, and that death occurred at 6/2 M, from the causes and on the date stated above
OR DIRECT	222. SIGNATURE 1. Jesse M.D. ATTENOING MEO. STAFF 8/9/67
SPITAL 4 may iERAL D tor, pag d be file	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR. A director, page 3 should should be filed with the	1 ~ OHN 17, 1E-SRE
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 7/11 1967 Chapel Plane.
M	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AUG 1 4 1967 AUG 1 4 1967
VR AI5 (4)	J. C. Barlon Walkersville, md 21793 DATE AU 1 4 100



4 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	11011 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH MEPT	1. PLACE OF DEATH a. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
lelay i Cessary, nd 3 to the funeral Page 5 may be State Department hours after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Winter RURAL and give nearest town) Frederick Minutes C. LENGTH OF STAY IN 1b Frederick F
Department of the	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Page Description of the Descript	Frederick Memorial Hospital RD 3
is 1, 2, and do 1, 2, and on point PM3. with the period of	NAME OF DECEASED (Type or print) Earl J. Kauffman Last 4. DATE Month Day Year OF DEATH Aug. 23 19 67
form form (withth	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Months Days Hours Min. Months Days Months M
ours after deat m 18. Give Pag e along with pages 1 and	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. Kind of Business OR II. BirthPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. COUNTRY? 12. COUNTRY? 12. COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY? 14. COUNTRY? 15. CITIZEN OF WHAT COUNTRY 15. C
rs aft 18. C along along ages n any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
24 hou office File pa	William Kauffman Grace Hahn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
within 2 ² pencil in miner's 0 permit. F	(Yes, no. or unknown) (If yes give war or dates of service) 217-10-9991 Alice D. Miller Frederick, Md.RD3
ted wit in pen xamine sit perr	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND OBATH
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ould be rd "pe ief Me a buri	gave rise to immediate cause (a), steting the underlying cause last. DUE TO Perforable Duoderval Wice
ficate sho the wor the Chi used as to burial	
ECTOR: Page 3 should be executed within 24 hours after death. If any delay the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. ur files. ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the St designated agent, prior to burial, cremation, or removal, and in any event within 75 ho	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES
NER: Thi ficate, v e forwa ge 3 sho d agent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 4 work 2 miles 2
EDILAC EXAMINE ute the certificage 4 should be your files.	21. I certify that I took charge of the remains described above, held an Autopsy N. Inspection , inquiry , and in my opinion
the the ur file	death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner
FY MEDIA execute Page I for you RAL DIRE	ACTUAL SIGNATURE OF THE SIGNED M.D. ASSISTANT MEDICAL EXAMINER OF THE SIGNED OFPUTY MEDICAL EXAMINER TO SERVE OF THE SIGNED
	EXAMINER'S Robert JY Thomas Address (Street, city, town, or county)
TO DEPU please director retaine TO FUNE of Heal	23a. BURNAL CREMATION, 23b. Date thereof 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURNAL CREMATION, 23b. Date thereof 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Lewistown Fred. Co. Md.
	24. FUNERAL DIRECTOR ADORESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5) 5M 1/65	Raymonx Cally Thurmont, Md. 28 1967 Clientes Just



1 1 X	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	11012 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1101	2
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY O. STATE D. COUNTY O. STATE	
ay is 3 to Poge Poge int of	o. COUNTY Frederick MARYLAND o. STATE Maryland b. CITY OR TOWN (II outside corporate limits, write RURAL ond give nearest	
a d a	write RURAL ond give negrest town) Brunswick Brunswick	0-1
form PM.	II West III office t	IS RESIDENCE ON A FARM? ES NO X
death ve Pog y with the Sta	3. NAME OF First Middle Last 4. DATE Month Day OF OF DECEASED (Type or print) JAMES HENRY KING DEATH 8 16	Year 19 6 7
24 hours ofter death. in Item 18. Give Poger's Office olong with first 10nd 2 with the State office deoth.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Months Days	Haurs Min.
24 hourn tem 's Office s lond	10a. USUAL OCCUPATION (Give kind of work dane during most of working life even if setired). Laborer BcO R.R. 10b. KIND OF BUSINESS OR III. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Maryland U.S.A	WHAT
cil ii cil ii iner age	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
with pen kam	Elisha Henry King Rosie Mae Clinton	
ecuted in ing in didical Estation From 172	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) W.W.II 16. SOCIAL SECURITY NO. 17. INFORMANT Address 212-03-59II Margaret King Brunswick, Md.	
MINER: This certificate should be executed within 24 hours ofter death. If the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 4 should be farwarded to the Chief Medical Examiner's Office olong with farm ur files. e 3 should be used as a buriol-transit permit. File pages lond 2 with the State Denation, or removal, and in any event within 72 hours ofter death.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure	RVAL BETWEEN T AND DEATH
This certificate, writing be farwar be used removal, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YE	WAS AUTOPSY PERFORMED? NO
ER: The certifico ould be ss. hould b	YE 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) PRIMARY	
(AMIN) le the (e 4 shur) le 4 shur file our file oge 3 sl emation	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While of wark at work at w	(State)
L EXA lecute Poge for you R:Pogg		in my opinion
MEDICAL EXAMINER: please execute the certification. Page 4 should retained for your files. DIRECTOR: Page 3 should or to buriol, cremation, or	deoth resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL A	2. DATE SIGNED
TO DEPUTY MEDICAL EXAMINER: The necessory, please execute the certificative funeral director. Page 4 should be may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should Health prior to buriol, cremation, or remained.	SIGNATURE 11 IND.	17-67
DE THE F	230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) '(County)	(State)
VR A15ME (5)	REMOVAL (Specify) Burial 8/20/67 Methodist Church Cem. Peters ville Md 24, FUNERAL DIRECTOR Felle French Dyane Brunswick, Md. DATABLE 2. 1967 Church Specific Property Company Com	utgla :
6M 1/67	Feete Frences Home Brunswick, Md. DATAUG 2 2 1967 fluories y	.0

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11013 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH o. COUNTY b. COUNTY Frederick Maryland Washington MARYLAND by u. Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b carbon papers. Pur law requires that the death certificate be executed within 24 hours 30 days Sandy Hook Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) signed by the attending physician and completely filled in buriol-tronsit permit. Then please remove cyrbon gapers. d. STREET ADDRESS e. IS RESIDENC ON A FARM? Frederick Memorial Hospital Main Street NO. 3. NAME OF Middle 4. DATE Month Year DECEASED 1EE KRONK 1967 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED lost birthdoy) Months Male White WIDOWED DIVORCED Feb. 27, 1898 69 Yrs. 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRYSA INDER 11 road Sandy Hook, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya William Warwick Kronk Mary Elizabeth Wink 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Nrs. Sadie G. Adder onk
Box 269, RFD#2, Knoxville, Md. 21758 (Yes, no or unknown) (If yes give wor or dotes of service 0 05-09-2042R INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) be retained by the hospital or ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO r this certificate has been si detoched for use os the b te Dept. of Health prior to b stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot wark O FUNERAL DIRECTOR: After 21. 1 certify that (1) Ithis haspital) attended the deceased from_ and that death accurred at 122M, from couses and an the date stated above sow the deceased alive on_ 19 220. SIGNATURÉ 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** M.D. 22d. ADDRESS Robert/ Thomas J. M.D. Frederick, Maryland NAME (Type) 21701 director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Loudoun Heights Ebenezer Cemeterv Harpers 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY REdeRick MARYLAND the funeral b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) KIVErdAle hours EDERICK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ay is 3 to 1 ON A FARM? State HOSPITA MemoRIA YES NO X 2, and PM3. 3. NAME OF First Middle DATE Last Month Day Year DECEASED OF DEATH (Type or print) 1967 2 with 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. death. If e Pages 1, ith form 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED TEMALE L and event Examiner's Office along with 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) \rightarrow any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hours File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address. in pencil in permit. I executed within 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit cremation, or the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical E cremation, DUE TO Conditions, If eny, which EXAMINER: This certificate should be gave rise to immediate DUE TO cause (a), stating the used as a to burial, 0 underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? CERTIFICATION YES Y NO T 20a. EXTERNAL CAUSE WAS PRIMARY 17-or CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 3 should I 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) (State) While Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry FUNERAL DIRECTOR: Health or its design Undetermined manner death resulted from: Natural causes Accident 1/4 Suicide Homicide CHIEF MEDICAL EXAMINER for your ease execute Page 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER aug 24 1967 **EXAMINER'S** director. Address (Street, city, town, or county) NAME (Type) 23a. BURIAL CREMATION, 23b. DATE THEREOF BURIAL (Specify) Aug 28. 196 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Colmar Manor Pro Geo Md. 2 Aug 28, 1967 Ft Lincoln Cemetery 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Charles VR A15ME (5) DATEAUG F. Gasch's Sons Hyattsville, Md. 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11016 CERTIFICATE OF DEATH the funeral ages 1 and 2 rs after death PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) o. COUNTY a. STATE b. COUNTY Maryland Frederick Frederick MARYLAND the attending physician and campletely filled in by the f sit permit. Then please remove cathon papers. Pages b. CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town)
Frederick c. LENGTH OF STAY IN-16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) weeks Thurmont d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) Water St. Frederick Memorial Hospital YES NO EX NAME OF Middle 4 DATE Last Manth First Year DECEASED Ida E. Martin August 67 19 DEATH (Type or print) B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED birthdoy) Months Hours 10-5-1886 White WIDOWED DIVORCED Female 11. BIRTHPLACE (Caunty & State, or foreign cauntry) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most af warking life, even if retired) Own Home Merrill, Wisconsin lousewife 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME unknown) Busebutz Ferdinand Hankwitz 16. SOCIAL SECURITY NO. 17 INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates af service Martin Thurmont, Md. Otto None No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: signed by the burial-transit p burial, crematic ONSET AND DEATH IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by DUF TO Canditians, if any, which gove rise ta immediate cause (a), DUE TO far use as the t f Health priar ta b stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO X ord 18m 200. ACCIDENTAWAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (County) 20c. TIME OF INJURY Manth, Doy, Year foctory, street, office bldg., etc.) Not While at wark at wark 21. I certify that (1) (this hospital) attended the deceased from April 163, to Aug. 1 . 19 6 (, that (1) (we) last saw the deceased glive on July 31 19 67, and that death occurred aB . 15AM, from causes and an the date stated above. 22b. DATE/SIGNED/ 22a. SIGNATURE STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Brederick. Md. 408 House Ave. Toll Pearre. Jr. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Co. Md. Fred. 8-11-67 Thurmont Blue Ridge Cemetery 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Creager Raymond E. 19 DATE AUG Thurmont. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH in by the funeral rs. Pages Cand 2 hours after reath 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY o. STATE b. COUNTY Maryland MARYLAND Frederick Frederick b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Frederick Frederick Years e. IS RESIDENCE ON A FARM? d. STREET ADDRESS attending physicion and completely filled in sermit. Then please remove corbon popers. on, or removol, and in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 103 Council YES NO K 103 Council requires that the death certificate be executed within 3. NAME OF Middle 4. DATE First Last Month Day Year DECEASED CHARLES McC. MATHIAS. SR. 1967 DEATH August (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED Dec. 16.1886 White Male 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** Baltimore, Maryland
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Frederick o. STATE b. COUNTY Maryland Frederick MARYLAND and completely filled in by the remove carbon papers. Pages b. CITY OR TOWN (If autside carparote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frederick Frederick rural rural vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RD Home H. YES NO X 3. NAME OF Middle Last 4. DATE Manth Day Year DECEASED (Type or print) LeRay Null Aug. 19 DEATH S. SEX 6. COLOR OR RACE 7. MARRIED TO DATE OF BIRTH 9. AGE (In years **IF UNDER 1 YEAR** IF UNDER 24 HRS **NEVER MARRIED** Months last birthday) Hours WIDOWED DIVORCED white male 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, or foreign cauntry) pleose during most of working life, even if retired) Filling Station INDUSTR' COUNTRY? signed by the ottending physicion buriol-tronsit permit. Then please Business Fred. Co. Own 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Null Carrie Raymond Long WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service 218-07-8740 Mrs. Madeline E. Frederick Md Yes Null INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been last. SO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor Haur a.m. factory, street, office bldg., etc.) Not While at work ot work Xhun 4 21. I certify that (1) (this hospital) attended the deceased fram_ should 19 67, and that death accurred at 9 AM, fram cookes and on the date stated above saw the deceased alive an 22o. SIGNATURE DATE SIGNED M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS PHYSICIAN'S Thurmont, Md. NAME (Type) Jame s Gray director, should 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) B REMOVAL (Specify) 8-12-67 Blue Ridge Cem. Thurmont Fred. Co. Md **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Raymond E. Creager VR A15 1967 Thurmont.

MARYLAND STATE DEPARTMENT OF HEALTH

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d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) Frederick pagers. In 72 hr filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within NO Y Monteyue Infirmary 46 Carver Apartments YES within etely carbon NAME OF DECEASED DATE Middle Last Day A 110 115 th 2 19 67

AGE (In Years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Months | Days (Type or print) compl DEATH event Valross Palm executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. remove any and WIDOWED Y DIVORCED [-31-1893 Female Negro WII physician ; = 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) and COUNTRY? U.S.A عواله والمراد والمراد والمراد death certificate Frederick Co.Md Domestic 13. FATHER'S NAME 0 removal, MOTHER'S MAIDEN NAME attending pharmit. Then William Hurd Minnie Brooks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 50 (Yes. no. or unkown) (If yes give war or dates of service) cremation, ***** 220-16-2281 John R. Palm 9 W. 6th St.Frederick the been signed to the burial-transit prior to burial, cremati CAUSE OF DEATH [Enter only one cause INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which gave rise to immediate DUE TO (a), stating the underlying cause last. as (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY Health PERFORMED? certificate the hospital or NO T YES 0 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for the Dept. of F DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) be detached State Dept. of this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While After Not While ATTENDING at work at work p.m. retained should 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should led with the saw the deceased alive on C and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED De pe director, page s should be filed v ATTENDING STAFF M.D. DIRECTOR HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. (State) 10 Frederick 8-4-1967 airview Marvland Burial 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 196 VR A15 (4) C.E. Hicks. 111 Frederick. Md 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 11022

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1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institut	tion: Residence before edmission)
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b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF-STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	
FT DETRICK FREDIERCK, MD	Bemone	12.3
US ATT MEDICAL TRUBBLE OF THE BOOK OF STREET O	d. STREET ADDRESS	e. IS RESIDENCE
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Walter Reed General Hospital, Ft Detrick 3. Name of First Middle	P.O. Box 1263	YES NO X
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13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Terry Powell	Rita A. ? Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17.		
(Yes, no, or unkown) ((fyesgivewerordetesofservice) Yes Korea, Viet 527-38-8413	U.S. Army Records	
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228. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
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22c. PHYSICIAN'S NAME, (Type)	22d. ADDRESS	
ADRIAN L. KAPSNER Captain MC		
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or	county) (Stete)
Burial 8-22-67 Greenwood 1	Mem. Park Phoenix, Aris	zona
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 250 REGISTR	AR'S SIGNATURE
Salamone Funeral Home Frederick,	Md. DATE AUG 4 1 1901	liarles judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11023 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Maryland Frederick Frederick MARYLAND requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corparote limits, write RURAL and give nearest town)

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Ret. Mail Carrier **LNDUSTRY** Jefferson. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Olion Rice Emma 3 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give wor or dates af service) permit. Mrs. Hanna N. Rice Jefferson, Maryland None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED 8Y ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS? PERFORMED? directar, page 3 should be detached far use shauld be filed with the State Dept. of Health | NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at wark at wark bises of . 196/, to. 192, that (I) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram. M, from causes and on the date stated above. saw the deceased alive an and that death occurred at 22a, SIGNATURE 22b. DATE SIGNED 8-7-1967 ATTENDING DIRECTOR M.D. OPHYS 22d. ADDRESS 22r. PHYSICIAN'S NAME (Type) A. Talbott Brice Dr. Jefferson. M.D. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (State) 23a. BURIAL, CREMATION, Mount Olivet Cemetery Frederick. Maryland 8-10-1967 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Frederick, Maryland DATHAUG

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1024 CERTIFICATE OF DEATH 11024 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick Maryland Frederick haurs after MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 50 yrs. Rural **Emmitsburg** Emmitsburg Rural papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.D.#1 YES NO X 3. NAME OF First Middle Lost 4. DATE Year Doy carbo DECEASED William Richardson Henry DEATH August 26. (Type ar print) IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH remave lost birthdoy) Manths Hours April 5, 1887 and in any Male Negro WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of wark done during mast af warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Emmitsburg. Md. Labor 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, Unknown Ellen Richardson 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor ar dotes af service) 16. SOCIAL SECURITY NO. R.D.#1 permit. 120-30-8908 Mrs. William H. Richardson, Emmitsburg, Md. No burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO priar to l stoting the underlying cause lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION State Dept. af Health Ci wallereter NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) Haur a.m. foctory, street, affice bldg., etc.) Nat While 1967, that (1) (we) last 21. I certify that (1) (this haspited) attended the deceased from directar, page 3 shauld shauld be filed with the 114 76 1967, and that death occurred at 4 0 M, from causes and on the date stated above saw the deceased alive on ____ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. W. R. Cadle Emmitsburg, Maryland 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b. DATE THEREOF (County) (State) Emmitsburg, Frederick Co. Md. St. Anthony's 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Emmitsubrg. Wil son Clarence E.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death signed by the attending physician and camplerety fulled in by the funeral burial-transit permit. Then please remave (carban papers. Pages I and burial, cremation, ar removal, and in any event, within 72 hours after deart PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Frederick Frederick MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAT and dive perresk town Rural 7 Yrs. Frederick Rt. # 1. RURAL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Frederick Memorial Hospital Frederick. YES NO Md. 3. NAME OF Middle 4. DATE First Year DECEASED DELLA BOLDEN SEALS DEATH August 1967 (Type or print) IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost dinhdoy) Months Hours Oct. 11, 1915 Female White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY Homemaker 11. BIRTHPLACE (County & Stote, or foreign country)
Sneedville Tenn. 10o. USUAL OCCUPATION (Give kind of work done during most of working the Sen if Well race) 12. CITIZEN OF WHAT COUNTRY? USA. Tenn. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Bolden Sam Bobby Bunch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes give wor or dotes of service **Furnitum** LON SEALS 413-62-4606 Rt.1. Frederic INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUF TO stoting the underlying couse After this certificate has been d far use as the af Health priar ta last. WAS AUTOPSY PERFORMED? PART II. OTHER & INIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 200. ACCIDENT WAS UNDER TING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. ot work ot work , 19 6.7, to 19(, that (I) (we) lost 21. I certify that (1) (this haspital) attended the deceased from, 8-14 19 6.7, and that death accurred at _____M, fram causes and an the date stoted above. saw the deceased alive an_ TO FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MARKE 230. BURIAL, CREMATION, BUREMDYAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF (County) (Stote) 8/19/67 Harrison Cemetery Sneedville Tenn. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTO VR A15 (4) 20 M 1/66 Son Frederick. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11027 11027 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY Frederick Maryland MARYLAND Frederick CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) after Rural- Monrovia Depor d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? Route 1 2 mile W. of Kemptown Item 18. Give Pages YES NO 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED 9-19 67 David Lorrain Sears August within (Type or print) DEATH olong S. SEX 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthdov) Months Hours White WIDOWED DIVORCED May 5-1939 Male 24 hours Office any even 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Self- Employed Farrier Michigan U.S.A. pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Letha Rethbun Richard Sears and 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md. or removal, (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Georgette Ardler Sears-Rt.1-Monrovia 376-36-1736 No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate should e, writing the word forwarded to the Ci burial, cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse OS 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION please execute the certificate. NO agent, prior to pe 20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCUBRED. (Enter notyle of injury in Port I or Port II of item 18.) **EXAMINER:** CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dov. Year (City or town) factory rest, office bldg., etc.) 21. I certify that I took charge of the remains described obove, held on Autopsy ond in my opinion Inspection Inquiry Accident death resulted from: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Heolth or DEPUTY MEDICAL EXAMINER Aug. 9-1967 **EXAMINER'S** Robert J. Thomas NAME (Type) Address (Street, city, town, or county) the 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) 0 REMOVAL (Specify) Haughs Church Cemetery Ladiesburg, Md. 256. REGISTRAR'S SIGNATURY 2So. REC'D BY REGISTRAR Frederick, Md. 2 DATE AUG 15 1967 VR A15ME 15) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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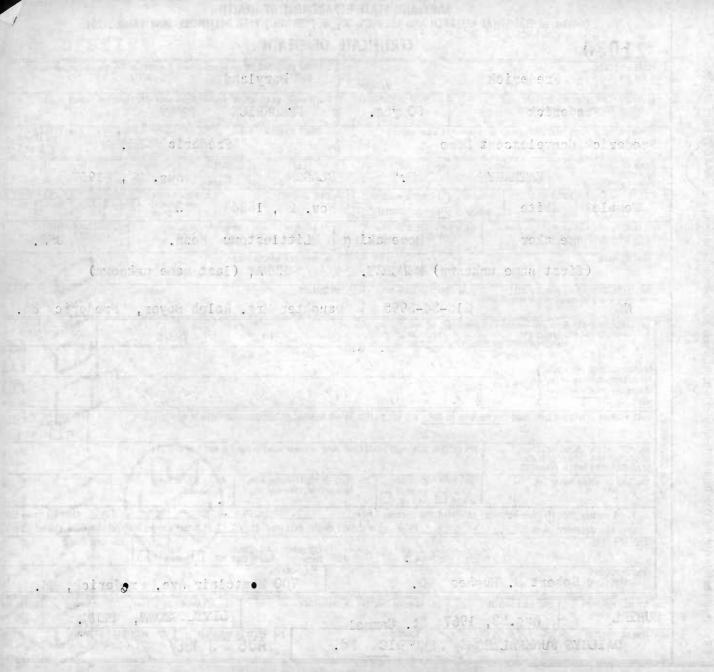
CERTIFICATE OF DEATH

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Ī	PLACE OF DEATH o. COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY					
	b. CITY OR TOWN (If out write RURAL prop eight		c. LENGTH OF STAY IN 16 50 yrs.	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) FREDERICK 21701 d. STREET ADDRESS 606 Magnolia Ave. //Fréderick/ Md. e. IS RESIDENCE ON A FARM? YES NO					
		INSTITUTION (If not in ho	ospitol, give street oddress) Home						
3	NAME OF DECEASED (Type or print)	KATHAR YN	Middle M	SLAGEN	4. DATE OF Aug. 20.	1967 Year			
S	Female 6.0	White	ARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH Nov. 20. 18		NDER 1 YEAR IF UNDER 24 HRS. https://doi.org/10.1001			
d	Do. USUAL OCCUPATION (Given uring most of working to fi	e kind of work done	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (County Littles	3 17	12. CITIZEN OF WHAT COUNTRY? USA.			
Ī	3. FATHER'S NAME	rst name un	known) MENCHEY.	14 MOTHER'S MAIDEN NAME EMMA. (last name unknown)					
1	S. WAS DECEASED EVER IN U Yes, no, or unknown) (If ye	J.S. ARMED FORCES? s give wor or dotes of service	16. SOCIAL SECURITY NO. 17.	INFORMANT Daughter Mrs	Address a Ralph Boyer,	Frederick Md.			
	1B. CAUSE OF DEATH PART I. DEATH W.	1B. CAUSE OF DEATH (Enter only one couse per line for (d), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)							
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ATION	PART II. OTHER SIGNIFICATION	CANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART (0)	19. WAS AUTOPSY PERFORMED? YES NO			
CEPTIFICATION		USE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of item 18.)				
MEDICAL	20c. TIME OF INJURY I Hour o.m. p.m.	Month, Doy, Year 19		ACE OF INJURY (Home, for octory, street, office bldg., etc.		(County) (Stote)			
	21. I certify the sow the decep		attended the decrased from_ 19 / , and th	at death occurred at	19 to My from couses ond	19/1, that (I) (we) last on the date stated above.			
	220. SIGNATURE	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIPHYS.							
/	22c. PHYSICIAN'S NAME (Type) R	obert S. Hu	ghes MD.	22d. ADDRESS 700 Me	ntclair Ave. Free	derick, Md,			
2	30. BURIAL, CREMATION, BURNDYAL (Specify)	23b. DATE THEREOF Aug. 22.	23c. NAME OF CEMETERY O		23d. LOCATION (City or Town) LITTLESTOWN	(County) (State) PENN.			
	24. FUNERAL DIRECTOR DAILEY:	S FUNERAL HO	Rec/ ADDRESS	d. 250. REC		AR'S SIGNATURE			

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages A and should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, which I 2 hours ofter death. Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

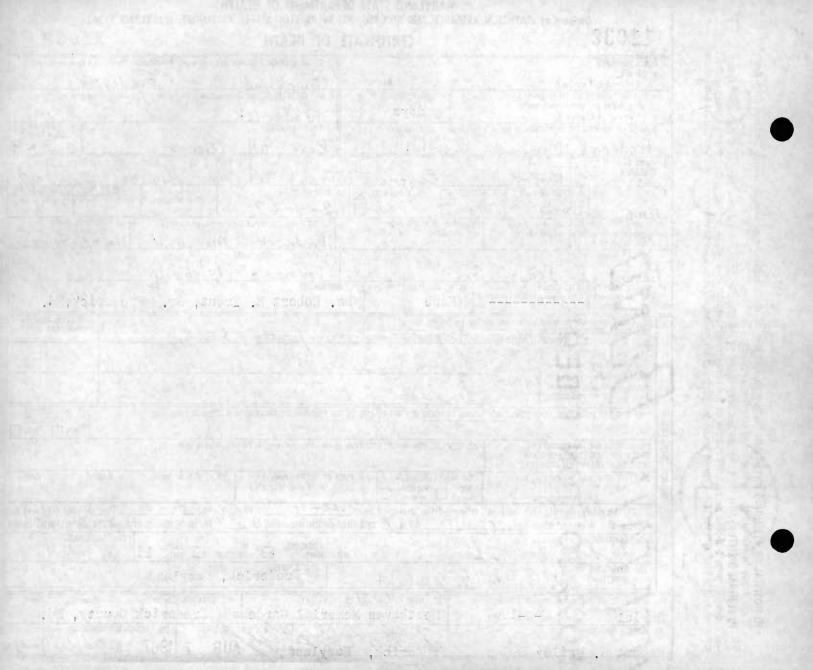


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #11 & 12 Film #0322 9/11/07 Ph CERTIFICATE OF DEATH 11031 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Montgomery o. COUNTY Frederick Maryland MARYLAND b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparote limits, write RURAL and give neorest tawn) write RURAL and give nearest tawn) 16 months Braddock Heights Rural - Browningsville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS carbon papers YES NO Vindobona Convalescent Home Monrovia DATE NAME OF Day Year DECEASED OF DEATH Maurice M. 67 Snyder August 9. AGE (In years last birthday)
91 yrs. IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** Months Days Hours White and in any Male Feb.20,1876 WIDOWED 3 DIVORCED 10b. KIND-OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY U.S.A. Brownsville, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, John Leonard Snyder Sennie E. Young 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, ar unknown) (If yes give war or dates of service) 215-36-6926 Forrest B. Snyder, Monrovia. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH ARTERIOSCUEROTIC HEART DISEASE IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove GENERALIZED ARTERIOSCLEROSIF rise ta immediate cause (a), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PROSTATE NO D CARCINOMA YES for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (City or town) (State) 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Hour a.m. Nat While ot wark at wark pe 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR directar, page shauld be filed ADDRESS NAME (Type) G.F.MEADORS MO RIOTOU HOUSE AVE - FREDERICK, MD. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Sept.3,1967 Bethesda Meth. Browningsville, Md. 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 198 Olin L. Molesworth, Damascus, Md. DATE SEP

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11032 11032 CERTIFICATE OF DEATH deoth ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Frederick o. STATE b. COUNTY MARYLAND Frederick after mary and c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give negrest town) low requires that the death certificate be executed within 24 hours davs rederic d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) completely filled in popers. Frederick NO X Memoria ove carbon p NAME OF 4. DATE Middle Year DECEASED (Type or print) Gugene DEATH 19 6 IF UNDER 1 YEAR AF UNDER 24 HRS S. SEX NEVER MARRIED AGE (In yeors 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED Male by the attending physicion and ransit permit. Then please ren 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b. 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY INDUSTRY Frederick 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Frances 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Mr. Robert E. Trout. Sr. Frederick . Md. None crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospitol or ottending physician. DUE TO signed Conditions, if ony, which gove rise to immediate couse (a). DUF TO stating the underlying couse the hos been last. 00 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES K NO O FUNERAL DIRECTOR: After this certificate for 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram and that death accurred at 3 PM, fram causes and an the date stated above. saw the deceased alive an 220. SUGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. DIRECTOR PHYS ADDRESS Frederick, Maryland 22d. 22c. PHYSICIAN'S Wright NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL CREMATION. Burial (Specify) 8-6-1967 Frederick County. Md. Resthaven Memorial Gardens REC'D. BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Mar x land DALE Robert E. Dailey & Son Frederick

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11034 11034 CERTIFICATE OF DEATH deoth. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death filled in by the funeral USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Maryland Frederick MARYLAND papers. Pages 1 c. LENGTH OF STAY UP 167 T . CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town) Frederick defick e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION (If not in hospital, give street ON A FARM 10 E. South St. NO 3 Rrick YES ond competely fi Washingt ondle DATE NAME OF Unglesbee Lost Dov Year Alonzo DECEASED 20 WESTER DEATH 19 OU (Type or print) 9. AGE (In years DATE OF BIRTH S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 Jast birthdoy) attending physician ond com sermit. Then please remove Months Doys Haurs May 1- 1886 burial, cremotion, or removol, and in any DIVORCED WIDOWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done Brush FactoryWork **COUNTRY?** during most of working life, even if retired)
Retired U.S.A. Frederick Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alta Bennett Frank Unglesbee 17. INFORMANT 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknawn) (If yes give war ar dates af service) 214-10-2290 Mrs. Pearl S. Unglesbee- Same as 2d INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO rostatic Hypertruph Canditians, if only, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse Poge 4 may be retained by the hospital or ottending FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Zec NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II af item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year Hour a.m. foctory, street, office bldg., etc.) Not While ot wark at work 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at 2.50 M. from causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ROUCH 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) Burial (Specify) Jefferson, Md. 21755 Aug . 22-196' Lutheran Cemetery 0 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR
M.R. Etchison 2Sb. REGISTRAR'S SIGNATURE ADDRESS Whitmore Frederick, Md.2170 VR A15 (4) 20 M 1/66 Son

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Frederick Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b week Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE bon papers within 72 l ON A FARM? Frederick Memorial Hospital 631 Wilson Place YES NO X letely rbon p executed within 3. NAME DF First Middle Month DECEASED VACILIOU **GUS NICHOLAS** 19 67 August 11. DEATH (Type or print) and complements AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED White Oct. 18, 1896 Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) physician an please rowal, and in 12, CITIZEN OF WHAT death certificate be Restaurant Samos. Greece Ret. Restaurant Owner removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Aphrodite Threstakis Nicholas G. Vaciliou 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) [(If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or Mrs. Irene B. Vaciliou 631 Wilson Pl. 214-10-2419 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the the the hospital or attending physician. Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 19. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After Id be d be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from. TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with the and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE Aug. 11, 1967 ATTENDING PHYS. director, page should be filed M.D. Page 4 may ADDRESS PHYSICIAN'S 228 N. Market St. James B. MD. Frederick. Maryland Thomas BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Frederick. Maryland Mount Olivet Cemeterv Burial ALIG 1 4 1967 24 FUNERAL DIRECTOR ADDRESS Frederick Maryland VR A15 (4) Daile 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11636 11036 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Preserick b. COUNTY Frederick deloy is and 3 to Ma Wland Page MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b RWY AURAL PURE CEET DOOK Rt. 2 Middletown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4 should be forworded to the Chief Medical Exominer's Office atoms with form 10 This certificate should be executed within 24 hours ofter death. It is writing the word "pending" in pencil in Item 18. Give Pages NAME OF Howard Weddle DATE Ye 67 Joseph DECEASED Aug. DEATH (Type or print) B. DATE OF BIRTH Aug. 28, 1937 IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE
White AGE (In years UNDER 24 HRS 7. MARRIED 300 NEVER MARRIED lost pythdoy) Months Male Hours DIVORCED WIDOWED 11. BIRTHPLACE (Stote or foreign country)
Maryland burial-transit permit. File pages Torld 10o. USUAL OCCUPATION (Give kind of work done during 100s of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Road Const. TECHNIRY? event within 72 hours ofter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ira Weddle Grace Fisher Rt.2 Middletown, Md 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes no or unknown) (If yes give wor or dotes of service Mrs. Ruby Weddle 1B. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN or (o), (b), ond (c), ONSET AND DEATH IMMEDIATE CAUSE (o) execute the certificate, writing the word DUE TO In ony Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse and be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? removal, NO 200. EXTERNAL CAUSE WAS PRIMARY → or CONTRIBUTING □ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) O cremation, 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) foctory treet, office bldg., etc.) Not While of work 8-30 1967 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion may be refained for FUNERAL DIRECTOR: prior to buriol, Suicide 7 Hamicide ______ Undetermined manner death resulted from: Natura couses Accident funerol director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 8-31-67 EXAMINER'S Dr. Robert Thomas Health 1 Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY Sept. 3, 1967 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) Md. 0 Harmony Cemetery Fred. BUREWOVAL (Specify) Harmony 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A 15ME (5) Middletown, Md. Gladhill Co. 120

THE PROPERTY OF THE PERSON OF 20 20 2 . see the parties of the seed Section for the art of the property of the section inches (b.) E. a. Batta (care) James - Trained Of train

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 11037 11037 CERTIFICATE OF DEATH and a executed within 24 haurs after death. in by the funeral rs. Pages 1 and hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Frederick Frederick MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 15 write RURAL and give pearest tawn) Lifetime Frederick Frederick papers. hin 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled in ave carban papers. 102 West Third St. 102 West Third St. NO Z NAME OF First Middle Lost 4. DATE Manth Day Year DECEASED 67 20 August Tsabel Wilcoxon DEATH burial, crematian, ar removal, and in any event, (Type or print) 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months last birthday) Davs Hours Jan. 25-1886 X Female White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign cauntry) during most of working life, even if retired)
Homemaker COUNTRY? **INDUSTRY** attending physician sermit. Then please Frederick Co. Md. U.S.A. certificate 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles F. Kreh Henrietta Dill Schultz IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT requires that the death Md.20760 (Yes, no, ar unknawn) (If yes give war or dates of service) 220-732LJJ Geo. E. Wilcoxon-l Water St.-Gaithersburg-INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise ta immediate cause (o). DUE TO far use as the b Health priar to b stoting the underlying couse be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X YES . 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) director, page 3 shauld be detached 1 shauld be filed with the State Dept. of MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at wark at wark 21. I certify that (1) (this hospital) attended the deceased from Uch. 25 . 1966, to ales 20 , 1967, that (1) (we) last 3 shauld 1967, and that death accurred at NoTM, from causes and an the date stated above. saw the deceased alive an Musa 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF 8-21-1967 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 4 E. Church St.-Frederick, Md. 21701 NAME (Type) A.A.Pearre, Sr. 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) Cremation Washington 18, D.C. 8-23-1967 Ft.Lincoln, Crematory 0 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR ADDRESS Whitmere 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Frederick. Md.21701 DUALAN 24 1967 Villanes Jugges

MARYLAND STATE DEPARTMENT OF HEALTH

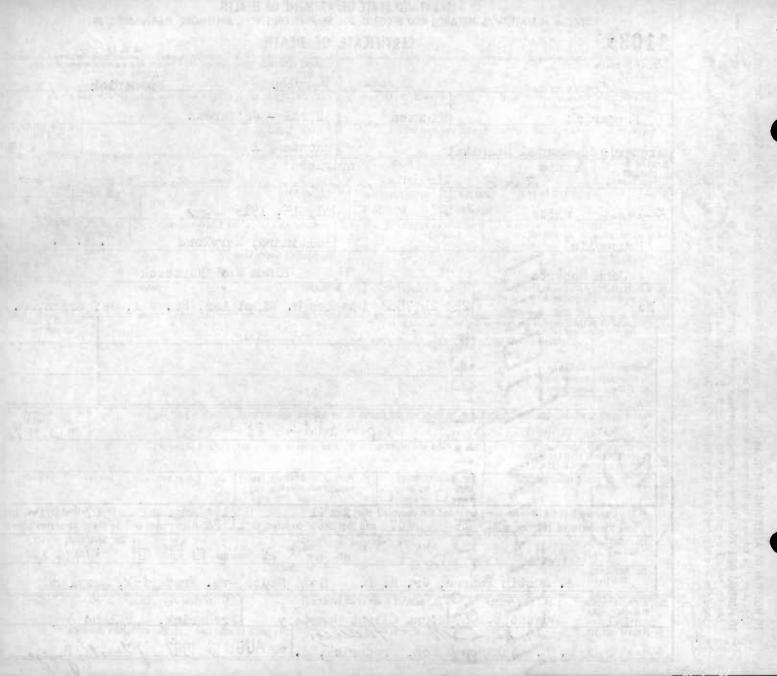
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11038 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death the attending physicion and completely filled in by the funeral sit permit. Then please remove Lethorn papers. Pages I and deot 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Frederick o. STATE b. COUNTY ro George's V Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick nearest town) Capital Heights, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Frederick Memorial Hospital 203 50th avenue NO T 3. NAME OF 4. DATE First Middle Lost Dov Year DECEASED 67 August Wilkerson Rose M (Type or print) DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 67 birthdoy) Months Doys Hours May 6, 1900 female white WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U COUNTRY? INDUSTRY Virginia home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Powell Mattie Moore 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 579 36 9617 Ruby Mc Vickers Lovettsville, Va. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: Poge 4 may be retained by the hospital or ottending physician.

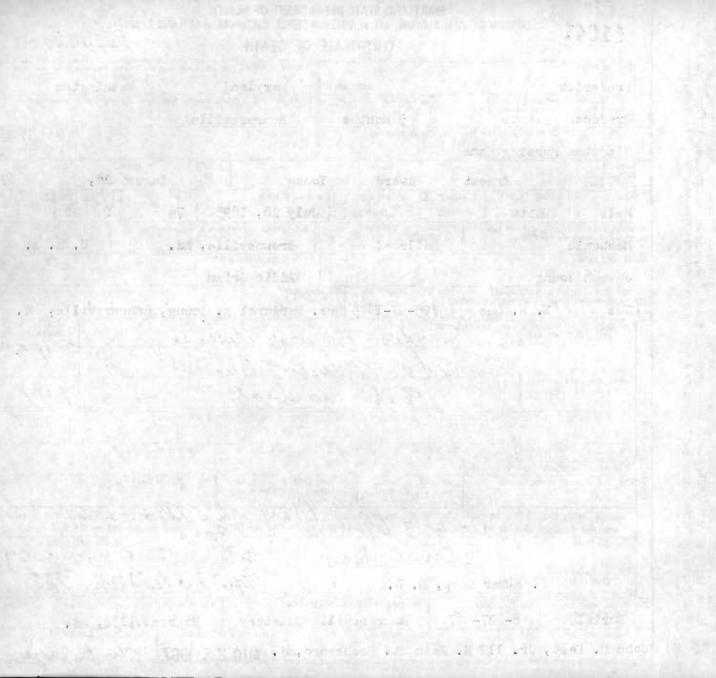
TO FUNERAL DIRECTOR: After this certificate has been signed by the director, nage 3 should be detached for use as the buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse should be detoched for use os the with the Stote Dept. of Health prior to lost. 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MFDICAL CERTIFICATION NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While ot work fram 7/6/6), 19, ta 8/2/62, 19, that (# (we) last and that death accurred at 750M, fram causes and an the date stated abave. 21. I certify that (4) (this haspital) attended the deceased fram 7/6/6), 19 saw the deceased alive an 12/6/ 22o. SIBNATURE 22b. DATE SIGNED MED. DIRECTOR directar, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S A Austin Pearre Frederick. Md. NAME (Type) 23d. LOCATION (City or Town) (Count Colmar Manor Pro Geo 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) Aug 5, 1967 Ft Lincoln Cemetery Md. REMOVAL (Specify)
Burial 24. FUNERAL DIRECTOR Hyattsville, 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Gasch's Sons Md. VR A15 (4) 20 M 1/66 DATE AUG

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1033 CERTIFICATE OF DEATH 11039 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Maryland b. COUNTY Frederick vithin 72 hours after Frederick MARYLAND law requires that the death certificate be executed within 24 hours after the attending physician and completely filled in by the fisit permit. Then please comove groun papers. Pages c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Rural - Jefferson Minutes Frederick d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route # 1 Frederick Memorial Hospital YES NO SAY Winpiglers DATE 3. NAME OF Day Year Bessie DECEASED Virginia DEATH 1967 (Type or print) Mineraler any even IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs WIDOWED July 15, 1915 DIVORCED White Female 10a. USUAL OCCUPATION (Give kind of work dane KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. during mast af warking life, even if retired) INDUSTRY and Baltimore, Maryland Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal. Linda Mæ Hartsock John Roberts WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, or unknawn) (If yes give war ar dates af service) 24 7862 Charles M. Winpigler, Rt. # 1, Jefferson, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH Hochron IMMEDIATE CAUSE (a) signed by physician. DUE TO Canditians, if any, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PHYSICIAN: The NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) Haur a.m Nat While factory, street, affice bldg., etc.) at wark at wark 21. I certify that (I) (this hospital) attended the deceased fram *pril , 19 61, ta August , 19 67, that (I) (m) last saw the deceased alive an July 15 19 67, and that death accurred at 11 PM, from causes and an the date stated above. R. Reynolds 22b. DATE SIGNED 22a. SJGNATURE MED. DIRECTOR eans PHYS. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Tell House Ave. Frederick, Maryland A. Austin Pearre, Jr. M. D. 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL CREMATION. 23h. DATE THEREOF REMOVAL (Specify) August 8.1967 Mount Olivet Cemetery Frederick, Maryland 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DATE AUG 1987 R. Etchison & Son, Frederick, Md.



PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1040 the funeral within 24 hours after I. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY MARYLAND h. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town write RURAL and give nearest town) == VISTA filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address . IS RESIDENCE d. STREET ADDRESS hours ON A FARM? letely papers. n. 72 hot YES NO D 3. NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthdey) Months Davs Hours event, WIDOWED DIVORCED physician гетоме 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) For self & Contractors ed Carpenter-Masonry Work please ⊆ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PHYSICIAM. the hospital or attending physician. Josephus H. Wise Susan R. Gross Then removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Nursingdenter-Fred k.Md. (Yes, no, or unkown) | (If yes give wer or detes of service) No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (e) the burial-transit DUE TO Conditions, if env. which gave rise to immediate cause burial, DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS 98 9 CERTIFICATION PERFORMED? use prior NO 20e. ACCIDENT WAS UNDERLYING | | DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) for After this Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING be retained by 20e. PLACE OF INJURY (Home, farm,) (State) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED I 2Df. (City or town) (County) jo fectory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: et work p.m. pe ./., that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from. should State . 19.6. , and that death occurred at 6.0M, from the causes and on the date stated above. saw the deceased alive on live may 22b. DATE 22a. SIGNATURE ATTENDING SIGNED TO FUNERAL I director, page 3 be filed with the TO HOSPITAL PHYS. DIRECTOR PHYS. M.D. PHYSICIAN'S 22d. ADDRESS 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Middletown- Md. 21769 Lutheran Cemetery ADDRESS Milling 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Frederick, Md.21 5 20M S



MARYLAND STATE DEPARTMENT OF HEALTH Ttem #1d Film #0392 0/30/07 pn 11042 CERTIFICATE OF DEATH 11042 funeral s **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Trederick Maryland b. COUNTYFrederick MARYLAND ours after by the f b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown 30 years I campletely filled in b mave carban papers ny event, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARMA East Main Street East Main St. (His Home NO 3. NAME OF First Jacob 4. DATE Month Lost DECEASED August 21 Ira Young DEATH (Type or print) remave car S. SEX 6. COLOR OF RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Dec.5,1870 (Spirthdoy) Months Male Hours and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life even if retired) OWNERFarm Maryland TI COUNTRY? physician nen please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal Jacob Young Charlotte Ahalt attending postmit. The 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address permit. (Yes, or unknown) (If yes give wor or dotes of service) Middletown, Md. D David Young crematian. 18. CAUSE OF DEATH (Enter only one couse per Jime INTERVAL BETWEEN signed by the burial-transit Vaxular desease liged arteris Schera ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO burial. Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the prior ta WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health YES NO FUNERAL DIRECTOR: After this certificate far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this haspital) attended the deceased from 162, that (I) (we) lost directar, page 3 shauld should be filed with the saw the deceosed alive an Ula 20 1967, and that death occurred of 2 M, fram causes and an the dote stated obove. 22b. DATE SIGNED Aug. 22, 1967 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. PHYS Middletown, Maryland 22c. PHYSICIAN'S Elmer Harp NAME (Type) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) Frederick Fred. (Slote) BURSMOVAL (Specify) Aug. 24, 1967 Fred Memorial Park 24. FUNERAL DIRECTOR Middletown, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Gladhill Co.

THE WAY THE PARTY OF STREET AND THE PARTY OF to the same the server and depart to the server at the THE RESERVE OF STREET, SHE SHELL WAS ASSESSED. . Selection of the Sele Constitution of the second control of the se The second of th and permitted the way of the same

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE DEATH HEALTH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH North Carolina DUNTY Catawba a. CDUNTY a. STATE Frederick MARYLAND funeral may be Department after death. c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b may Hickory- Rural Frederick the 5 e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address) delay hand 3 to l. Page Rt. 2- Box 627 State Frederick Memorial Hospital hours YES NO 2, and PM3, P Year 3. NAME OF First Middle Last DATE Day DECEASED 72. 67 19-Aug. Yount DEATH 19 Oscar Pinkney (Type or print) Pages 1, 4 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS OATE OF BIRTH 6. COLOR OR RACE | 7. MARRIEO X NEVER MARRIED lest birthday) | Months | Days Hours death. NA Mar. 30-1909 White WIOOWEO [OIVORCEO [Male l and event 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? Give N. Carolina Furn. Factory _ Upholsterer pages 1 in any (14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME Mattie Pearl Baker C. Lafayette Yount Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. I 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service)
Yes WWar 17 permit. Steve Yount - Same as 2abcd This certificate should be executed within y, writing the word "pending" in pencil in warded to the Chief Medical Examiner's 243-01-1764 WWar 11 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH temenhage PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (e) cremation, OUE TD Conditions, If env. which (b) gave rise to immediate **OUE TO** cause (a), stating the used as a to burial, underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? CERTIFICATION certificate, writing the YES TY NO DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 10 3 should bagent, pric can accident (County) (State) 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, faqtory, statet, office bldg., etc.) MEDICAL 20f. (City or town) TIME DF INJURY Month, Day, Year Not While at work deallway CTOR: Page designated at work 21. I certify that I took charge of the remains described above, held an Autopsylvin and In my opinion Inspection Inquiry should FUNERAL DIRECTOR: Undetermined manner Suicide Homicide Accident 7 death resulted from: Natural causes CHIEF MEDICAL EXAMINER your 4 22. DATE SIGNED Page / ASSISTANT MEDICAL EXAMINER SIGNATURE for DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** Frederick, Md. Address (Street, city, town, or county) director. retained Momas Robert J NAME (Type) (State) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY DR CREMATORY BURIAL, CREMATION, 23b. REMOVAL (Specify) Catawba Mem. Park Hickory- N.C. 0 Burial ADDRESS Whetmore 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Person Frederick, Md.21701 M.R. Etchison & VR ALSME (5)

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